SETH NO	E GIODES	_	THE DIVISION O	F HE	ALTH OF MISSOU	JRI	•		0000
LPLACE OF DEATH a. COUNTY St. Louis D. CITY (If conside corporate limits, write RURAL and give TOWN University City permissip) D. STAY (in this place) G. FULL NAME OF (it as in begind or healthquee, give street address or townstate) INSTITUTION 7591 Olive Street Road S. FULL NAME OF (it as in begind or framing) INSTITUTION 7591 Olive Street Road S. FULL NAME OF (it as in begind or healthquee, give street address or townstate) INSTITUTION 7591 Olive Street Road S. FULL NAME OF (it as in begind or healthquee, give street address or townstate) INSTITUTION 7591 Olive Street Road S. FATHER S. FATHE	MIEN DEC	2 1950	STANDARD CE	RTIF	ICATE OF DEA	ATH	State F	ile No	3929
D. CITY (If outside corporate limite, write RURAL and give TOWN University City outside corporate limite, write RURAL and give TOWN University City City Outside corporate limite, write RURAL and give Lowenship) OF FILL NAME OF (If not is begald or institution, give street, address or location) ALBERT ALBERT OF COLOR OR RACE OF DECEASED	BIRTH NO.		_ REG. DIST. NO3/	7_	PRIMARY REG. DIST.	NO. 20	O2 Registe	rar's No	2835
A FULL NAME OF (It so is begind or institution, give street address or location) HOSPITAL OR 7591 Olive Street Road 3. NAME OF OCCESSED (Type or Print) ALBERT 5. SEX Male Minted Minte			ouis	-	2 USUAL RESID	ENCE (W)	sere decommed live	d. If institu	tion: residence
d. FULL NAME OF cit doe in beoptial or inadiculose, sire street additions or locations. HOSPITATION 7591 Olive Street Road 3. NAME OF Cit doe in beoptial or inadiculose, sire street additions or locations. HOSPITATION 7591 Olive Street Road 3. NAME OF Cit does not make the control of the	b. CITY (If outside co OR TOWN TIM	promise limits, write R	URAL and give c. LENGT	H OF	I ()R				111.
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ALBERT S. SEX 6. COLOR OR RACE 7. MAGRIED. NEVER MARRIED. 8. DATE OF BIRTH D. ALBERT D. MODING DEPORT MARRIED. 19. AGE (its year) F. MODER 17. MAGRIED. NEVER MARRIED. MUDOWED. DIVORCED (lepselly) Manual Part 10d. Monthal Days Elevandro Mart 11d. D. Moding Days Monthal Days	INSTITUTION 7	ADDRESS							
S. SEX 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. Martied White Martied White Martied White Martied Martied White Martied		•	b. (Middle)					-	
### COUNTRY USA 3a. FATHER'S NAME I SARDOF CLIPCIN 13b. MOTHER'S MAIDEN NAME 13d. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? UNIK. OWN 16. SOCIAL SECURITY UNIK. OWN 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH Chief or allow or a date of service) UNIK. OWN 18. CAUSE OF DEATH Chief or allow or a date of service) UNIK. OWN 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) OWNER AND INTERVAL BY AND INTERVAL	Male O V	White	7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (8: MATTIED	iED, pecify)	Unknown	Å	b. 56	IF UNDER 1 1	TEAR IF UNDER 14
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5. WAS DECEASED EVER IN U.S. ARMED FORCES? II. SOCIAL SECURITY NO. Mrs. A. Lipcin-8105 Stratford Mrs. A. Lipcin-8105 Stratf			1		NAME	14. NAME	OF HUSBAND	OR WIFE	
UNIX. NO. Mrs. A. Lipcin-8105 Stratford 8. CAUSE OF DEATH Enter only one cause per Interior one cause one cause per Interior									
8. CAUSE OF DEATH Tater only one cause per In for (a), (b), and (c) *This dots not mean he mode of dying, such as heart failure, asthenia, to: It means the disc. If	5. WAS DECEASED EVE UNKNOWN (II	R IN U.S. ARMED F	ofi\						ADDRES
related to the disease or condition causing death.	tine for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau II. OTHER SIGNIF	AUSES If any, giving DUE TO (b) The control of the control o	<u> </u>	use v		now	7	mil
Pla. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about Home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STAT SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK AT WORK 21f. HOW DID INJURY OCCUR? Pla. I hereby certify that I attended the deceased from 1, 19, to 1, 19, that I last saw the decadive on 1, 19, and that death occurred at 1, from the causes and on the date stated above. Pla. SIGNATURE (December of title) 23b. ADDRESS 23c. DATE STATE (Proposity) 23b. ADDRESS 23c. DATE STATE (Proposity) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (SECTION, REMOVAL (Specify) 11/28/50 Mt. Unit Cemetery St. Louis Mo. (Section of the state of the county) 11/28/50 Mt. Unit Cemetery St. Louis Mo. (Section of the state of the county) 25c. Funeral Director's SIGNATURE Address		related to the diseas	se or condition causing death.					<u> </u>	20. AUTOPSY?
SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 22. I. hereby certify that I attended the deceased from	TION				·		177.		YES NO
OF INJURY m. WHILEAT NOT WHILE WORK NOT WHILE 22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	Th. PLACE OF INJURY (e.g., in or nome, farm, factory, street, office bld;	rabout Eeto.)	ZIc. (CITY, TOWN, OR	TOWNSHIP)	(COU	INTY)	(STATE)
alive on	21d. TIME (Month) OF INJURY	(Day) (Year) (I	WHILEAT NOT WHI	LEITT	21f. HOW DID INJURY	OCCUR?	•	•	, ,
23a. SIGNATURE Local Registrar Vital Statistics 8 651 Brentwood Blvd. Clayton Mo. 11-25 24a. BURIAL. CREMA- TION, REMOVAL (Repedity) BURIAL (Property) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 23b. ADDRESS 23c. DATE S 25c. DATE S 26c. DATE S 26c. DATE S 27c.			<u> </u>						•
Local Registrar Vital Statistics 6.651 Brentwood Blvd., Clayton, Mo. 11-25 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BURIAL (Bredty) 11/26/50 Mt. Ohlt Cemetery St. Louis, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS		, 19				e causes a	ind on the da		
24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (STUDY, REMOVAL (Species) 11/26/50 Mt. Ohlts Cemetery St. Louis, Mo.	ALE	rar Vital	(XXOMIL)	ດໍ່ໄ		d Blvd.	Claytor	- 5.7	23c. date sign 11=25=5
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11-25-50 Kerbert Romke Mo Herry alludation of 216 Del				10					6 De O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

Signed Student Embalmer

Licensed Embalmer No.....3

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.